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MASSAGE IN GYNECOLOGY.

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MASSAGE IN GYNECOLOGY.

No branch of medicine has made such rapid advance in a comparatively short space of time as gynecology. Though ovariotomy had been performed successfully for more than seventy years, it was not until the publication of Marion-Sims' work on "Uterine Surgery," some thirty years ago, that diseases of women forced a recognition from the medical world as a separate branch of medicine. From that time on, gynecology has, as it were, leaped full-grown into existence. New operations and methods of operations were successfully tried, improvement followed upon improvement, and operative gynecology became a source of admiration to the profession as well as to those whose lives have been relieved by the surgeon's knife, of manifold burdens.

But while there is so much light, there is much darkness. How many ovaries, how many wombs have been sacrificed, how many women have been made sterile, to satisfy this *furor operativum*. While one mutilating operation was thus succeeding another, very little thought until of late years, was given to the manner of preserving the generative organs by more conservative treatment, and of bringing about restoration without intervention of surgical procedures. The indisputable merit of having given to the medical profession a therapeutic agent to successfully combat many uterine and ovarian disorders belongs to Thure Brandt, of Stockholm. Since his publications on "Massage in Gynecology," the foremost gynecologists have tried this method of treatment, have expressed themselves as fully coinciding

in all that is claimed for it, and have pronounced it valuable as rendering unnecessary, in very many cases, operative interference. The object of uterine massage is to bring about a healthier state of the circulation and to impart *tonus* to the various structures of the genital tract. It is indicated in all disorders due to chronic inflammation, as well as in such diseases as cause uterine displacements, produced by relaxation of the ligaments, or by pelvic exudations, with or without adhesions.

Before describing the technique of massage, I will mention some of the general directions to be observed. The patient should be placed in the usual position on her back with legs well drawn up, as is customary in gynecologic examination. Antisepsis should be observed as in gynecology or obstetrical work. As massage in the beginning of the treatment is somewhat painful to most patients, it should be given gently, and the force should be gradually increased; it will thus be borne even by sensitive women, especially if the physician encourages them. To reduce the pain caused by the hand (particularly in nulliparæ) on the abdominal parietes, it is well to apply oil or some vaselin. The most important thing of all is certainly a correct diagnosis of the disease and the exclusion of all pyogenic disorders such as pyo-salpingitis, ovarian abscess, etc.

Massage in pelvic disorders is divided into the external, internal and combined methods. The latter is almost exclusively used. Four different kinds of massage may be used:

1. Effleurage (rubbing).
2. Petrissage (kneading).
3. Pressure with drawing.
4. Lifting—stretching.

1. *Effleurage* is the mildest form and alone is rarely used, as it is included in the second form of massage, viz:

2. *Kneading.*—This is a manipulation carried out as follows: The diseased parts are taken between the

fingers of the inner and outer hand and are rubbed, pressed, squeezed, kneaded; to be sure this is not so easily done as said. It must be done in such a manner that the patient will not object to further treatment, and thus be deprived of its benefit. *Internally*, it is, in most cases, an easy matter to reach the diseased spot with the finger; but *externally*, unless the uterus itself, is to be masséed, it is often very difficult. By slowly and gently pushing the abdominal parietes inwardly must we try to reach the parts, constantly inducing the patient to relax the abdominal muscles. When thus the parts are distinctly felt between the fingers, the inner hand is mainly used as a point of support, while the external hand manipulates the parts. Kneading is the typical form of massage for chronic thickened exudation and hemorrhagic infiltration of the cellular tissue of the pelvis. In those cases the fingers in the vagina can reach the parts more easily and can work with more force, but unless the diseased parts are firmly held between the fingers, the external hand would be a poor counter prop, and the result will be unsatisfactory. The amount of pressure used at first when the parts thus held are between the fingers, should not exceed that which is necessary to mash a cooked potato between the index and middle fingers of one hand and the tips of the four fingers of the other hand. Gradually the pressure may be increased in the succeeding sittings. The first few sittings should last only a few minutes, rarely exceeding five minutes. Later on, the time may be increased to ten and fifteen minutes. During the first few days it is advisable to keep the patient quiet in bed, if possible, and the temperature should be carefully observed. The kneading must be commenced from the circumference of the exudation. Often the uterus must be pushed to one side in order that the hand used externally may reach the deeper parts of the parametria. In special cases it may be necessary to displace the uterus downward by means of

a volsellum forceps in the hands of a nurse or an assistant. If such a procedure is necessary, utmost care must be observed that the patient remain in bed, especially if there is any suspicion that the peritoneum is in relation with the diseased parts. Less apprehension is to be entertained in the application of

3. *Pressure with drawing.*—This form of massage is used almost exclusively in gynecology. It is a combination of pulling and pressure, and as in *kneading*, the parts are taken between the fingers of the inner and outer hand. This is more difficult, as the object is generally smaller, but at the same time it is easier as it gives the patient less pain. The inner hand fixes the part, and the outer hand presses and draws with moderate force, not letting the part slip back, but gently allowing it to glide back under constant equal pressure. This is repeated eight or ten times at first, increasing to twenty times at subsequent treatments. After every three or four manipulations, a short intermission is allowed without releasing the pressure. This form of massage is the most effective in old adhesions, and when old inflammatory products exist in the cellular tissue of the pelvis, as well as in the parametria. The direction in which to pull is usually from the uterus toward the large vessels, or *vice versa* if the uterus is to be included in active massage. The effect of this form of massage which is a pulling with a certain amount of contra-pressure, is that stiff and fixed masses of connective tissue are thereby made elastic, and that through continued stretching, changes take place in the vascular supply tending to stimulate absorption. Most typically is this observed in retroversion and retroflexion of the uterus caused by contractions of cicatricial tissues in the parametria. These cases are seemingly cured in a very short period without the aid of a pessary; but the disorder will return if treatment be suspended at too early a period; the contraction will recur and cause uterine displacement. It is therefore necessary to continue massage

until the cellular tissue has become perfectly movable and free from infiltrations for some three or four weeks after the exudations were apparently sensible to the touch. In connection with this treatment it is necessary to observe that the surrounding parts be stimulated to exert an influence toward more healthful circulation, by either extended massage, or other treatment such as hot injections, baths, tampons, medicated with glycerin or ichthyol-glycerin, etc.

4. *Lifting or Stretching*—makes the greatest possible use of the elasticity peculiar to the pelvic organs. If the ligaments be in a relaxed state, the fundus may be raised as high as the umbilicus.

Besides active massage, some authors highly recommend passive massage, especially for patients who through lack of time are able to take only two or three treatments in a week, and in cases where a beneficial result is observed under this treatment. Passive massage results from the introduction into the vagina of Bozeman's vaginal ball dilators. Just how it acts is unexplained, but its beneficial influence can be observed more especially in cases where dense cicatricial tissue is softened, and in vesico-vaginal fistulæ where the borders are hardened and infiltrated, causing sutures to break through when an operation is attempted in this state.

The factors indicating massage in gynecology are the same as those calling for massage in surgery, viz: Injury and infection, exudation and immobility of parts. Sometimes it is indicated by sequelæ of pre-existing disease as contraction of cellular tissue after parametritis, or retroflexio uteri resulting from relaxation and atony.

The following schematic table for indications of massage is not complete and is the same as used in massage in surgery. By massage treatment we wish to produce:

1. Acceleration of absorption and retrogression of inflammatory and traumatic exudation and deposits. (Pelvic exudations and hemorrhagic infiltration.)

2. Stretching, loosening, disintegrating, cicatricial, contracted or hypertrophied connective tissue, caused by inflammatory processes. (Thickened and contracted scars, contractions in the pelvic cellular tissues, adhesions and swellings caused by chronic inflammations, as also sequelæ, resulting from those conditions, viz: Abnormal position of the pelvic organs.)

3. Stimulation of the circulation and restoration of the normal elasticity and *tonus* in: *a*, contracted, hardened and hypertrophied tissues; or *b*, relaxed tissues. (Chronic metritis, subinvolutions, prolapses impending on relaxed tissues and anomalies of position.)

The sphere of usefulness of this method of treatment in diseases of women may consequently be tabulated as follows:

1. Pelvic exudations and hemorrhagic infiltrations.
2. Chronic parametritis and perimetritis.
3. Retroversio uteri.
4. Chronic metritis.
5. Prolapsus uteri et vaginæ.

1. *Pelvic Exudations and Hemorrhagic Infiltrations.*—This category of disorders is the most difficult amenable to massage treatment and by no means devoid of danger. Authors disagree as to the time when massage should be given in these diseases. While some recommend massage from the outset, even in the acute stage, others do not commence until the febrile disturbances have subsided. I believe the latter course more proper and never give massage until one or one and one-half months have passed after the beginning of hemorrhagic infiltration. I discontinue massage and let a few weeks pass before attempting treatment again, should febrile disturbances make their appearance during massage treatment, exercising every precaution and carefully watching the temperature. Kneading is the form of massage most advantageous in this class of disorders.

It is best to commence on the circumference of the exudation, gradually encroaching upon the primary center of the disease. Perfect rest in bed, careful observation of the temperature and watching of the pulse, are necessary in the beginning of treatment. Should the least suspicion arise that there are purulent processes present—rise of pulse or temperature —massage must be discontinued. The most promising results are obtained with exudations in the pelvic cellular tissue, while those in the pelvic peritoneum give much less satisfactory results. Massage should especially be avoided in perimetric exudations which can be felt as tumors as they often give rise to pelvic peritonitis. This latter disorder belongs to the domain of operative gynecology. If the perimetric exudations are desiccated and have led to adhesions and contractions, or if we find chronic perimetritis, then we may safely rely upon massage as a valuable therapeutic agent. Massage acts most quickly in cases where the disease follows labor. The sooner these cases come under treatment the more quickly we can effect a cure, especially if the organs are still in a state of subinvolution.

2. *Parametritis and Perimetritis Chronica.*—Acute inflammation of the pelvic cellular tissue, though it may not present violent symptoms and the formation of exudations, is accompanied by lymphangitis or phlebitis, causing after subsidence a change of anatomic structure. This may sometimes be avoided by proper treatment, or even if the various changes have taken place absorption will often follow without any treatment whatever, when the organs will be restored to their normal position or function. In the majority of patients this favorable condition does not take place. Inflammatory deposits remain exacerbating at times, contracting at others, causing an abnormal position of the various pelvic organs, which in turn cause a change in the pelvic circulation. In most of these cases we are led to give an empirical diagnosis as retroflexio or anteflexio uteri,

mistaking the action for the cause. During the puerperal state, as is well known, the cellular tissue shows a marked tenderness to absorb and in this way brings about subinvolution. It should therefore be our aim to produce a condition of the parts similar to the puerperal state, when we want to cause absorption of old inflammatory deposits and contractions of the parametric cellular tissue. This condition we may reach with hot douches, glycerin and iodin. But unfortunately all these agents lose their therapeutic value before restoration of the parts is achieved. We must aid this treatment by mechanical manipulation. This should be continued until all deposits have been absorbed and the parts have become perfectly movable. The same treatment holds good if the disease is located in the cellular connective tissue surrounding the vagina. We often succeed in improving and even curing this class of disease after all other treatments have failed. More tedious are the cases of para-and peri-metritis caused by gonorrheic infiltration.

The most favorable time for massage treatment in chronic parametritis is not long after an acute exacerbation. This is especially true in cases of chronic parametritis atrophicans. The prognosis in chronic parametritis after an acute exacerbation is a most favorable one; the longer the time allowed to elapse or the further away the focus of acute disease is located from the atrophied cellular tissue, the less likelihood is there of completely eradicating the disease.

Inflammation of the pelvic peritoneum is a disease of a serous membrane, contrary to parametritis, constituting a disease of connective tissue. It is due to this anatomic difference that we derive entirely different conclusions as far as this latter class of disorders is concerned as to the advisability of massage treatment. The therapeutic measures usually adopted were either to influence this condition in a general manner by rest, baths, depletion or applica-

tion of iodin; or, if these measures were not successful, operations were resorted to, to remove the primary cause of disease. To introduce massage successfully in perimetritis it became necessary to show that we could accomplish more than with the usual methods of treatment and render operative procedure unnecessary. Unfortunately we can not treat these cases with the same impunity as those spoken of above. We must select our cases and watch them most carefully lest an acute pelveo-peritonitis may arise from latent inflammatory causes remaining in the exudations and becoming active. Even with this gloomy aspect we do not fare any worse than if we had followed the principles of operative gynecology, which only too often give negative results and are certainly more questionable as to results than massage. Besides it is our duty at least to try a more conservative plan of treatment before subjecting a patient to an operation.

3. *Retroversio Uteri.*—If retroversion of the uterus is not due to neoplasms causing displacement of the uterus, this disorder is almost always dependent upon inflammatory conditions in the pelvis or upon relaxation of the uterine ligaments. Consequently retroversion of the uterus is not a disease but a cardinal symptom of some existing disease. This fact is often not recognized and we are apt to make a diagnosis without duly considering the causes, but simply perceiving the effects. To the general practitioner it almost always suffices to have recognized a retro-deviation of the uterus, and accordingly he will introduce a pessary without trying to find the exact pathologic factors producing this anomalous condition, much less will he attempt a removal of the same.

Each retro-deviation should be classified under one of the following divisions:

1. Congenital or acquired arrest of development.
2. Inflammatory processes of para- or peri-metric origin.

3. Relaxation of the ligaments or vaginal support.

4. Combinations of Nos. 2 and 3.

5. Mechanical displacement by tumors in or surrounding the uterus.

It is not to be denied that despite the recognition of all these factors, we often are obliged to be satisfied with a symptomatic cure, but this should not prevent us from trying to find a means by which an anatomic *restitio in integrum* may be established. The reposition of the uterus should never be attempted by force, as by sound or repositor, but by bi-manual manipulations, especially when fixed by adhesion. In these cases, massage should be resorted to and when the uterus can be raised to its normal position it should be supported by a well fitting pessary. As treatment progresses the pessary may be abandoned. In some cases we may be forced to keep it in position, or resort to operative gynecology, viz: Ventro-resp. vagino-fixation. Opponents of massage may claim from this statement that massage does not benefit this class of disorders, but statistics show that over 50 per cent. can get along without pessary. In the other 50 per cent. we must permanently make use of some kind of support. It would be irrational to look upon this treatment as a cure for all diseases. We must individualize and not forget our other therapeutic agents; especially must we see that the pelvic floor gives the proper support. (Remedy perineal lacerations, vaginal prolapses, cystocele, rectocele and other factors tending to displacement of the uterus.)

4. *Metritis Chronica.*—Massage, as we have already said, seeks for its third object to induce a healthier state of circulation in and around the diseased pelvic organs, be this diseased condition due to induration, contraction or relaxation. Accordingly, two classes of conditions come under this head:

1. Induration and hypertrophy—the typical example of chronic metritis.

2. Prolapsus of the uterus (depending upon changes due to inflammatory processes). Chronic metritis is almost always found in connection with some other disease arising from inflammatory changes which spread to the connective tissue of the uterus, the inflammation spreading from the mucous membrane of the uterus or its adnexa. It is true that if we can master the primary affection, the chronic metritis will often depart of itself; but too often the chronic metritis will keep up the pathologic process, and despite all treatment and though the patient be apparently cured from the primary disease, will prevent total eradication of the morbid conditions existing. It is in these cases that massage is a therapeutic agent of high value, and under its influence we soon witness permanent relief for the sufferer. We can feel the thickened and hardened uterus gradually return to its normal state. Measurements by sound will verify its decrease in size, the discharge will change in color and quantity, and soon cease altogether. In the rare cases of primary metritis we can not expect any more of massage than of the older methods of treatment. While improvement and a symptomatic cure will take place, if massage be discontinued the condition of the patient will soon be the same as it was originally.

5. *Prolapsus of the Uterus and Vagina.*—Until a few decades ago the introduction of a pessary constituted about all that was done to remedy these disorders. The causes of prolapsus were but little understood. With a clearer understanding of the pathology of the female generative organs, operative gynecology with its numerous methods of operations tries to restore the integrity of the pelvic floor. More attention is paid to the regimen during the puerperal state, so that perfect subinvolution may take place before the woman leaves her bed, and that prolapse through relaxation of the various structures of support may be avoided. The causes of prolapsus may be classi-

fied under one or the other of the following three divisions:

1. Relaxation.
2. Pressure weight and traction.
3. Decreased support.

But the manifold therapeutic agents and operative procedures we possess are not complete without electricity and massage. Only the faradic current, however, is of any avail, in using electricity, as the galvanic current despite its action on both varieties of muscular fibers has no influence in restoring the elasticity of thickened or rigid connective tissues. In these conditions we can obtain the best results with massage. No positive explanation or proof of its action can be offered, but the presumption is, that the continued and constant stretching of the tissues, and the stimulation of the capillary circulation, thus promoting healthier nutrition of the parts, is directly responsible for the restoration of lost tonicity.

Contra-indications of Massage.—Manifestly massage is contra-indicated in all diseases of the genital tract requiring perfect rest of the whole body or of the genital tract alone. In pregnancy complicated with retroflexion of the uterus, even should that body be fixed by adhesions, it is best to adhere to the older methods of treatment, as an abortion would surely result were mechanical manipulations resorted to.

The use of massage in cases of chronic gonorrhœa should be very carefully guarded against. While at times massage beneficially affects the sequelæ of this pathologic process, it is liable to produce serious disturbances if existing latent causes of inflammation are forced into activity. Old encapsulated abscesses either of ovarian or tubal origin, as well as pelvic peritonitis contra-indicate massage, though often they are only recognized after treatment has begun. Therefore where there is any suspicion of their existence we should insist upon an examination under anæsthesia, so as to eliminate the possibility of the presence of any such disorder. And just at this

point it is proper to observe that should uterine massage fail to realize the expectations of the practitioner employing it, its use is not therefore to be decried, nor its value depreciated. No remedy or therapeutic agent exists in medicine that is infallible. And, moreover, is it not a very pertinent inquiry in this connection whether massage itself is at fault, or the practitioner employing it? If the manner of treatment be incorrect, *e. g.*, if the manipulations be too rough, massage will do more harm than good. Such results will also come from its use by persons who ignore the pathology and anatomy of the pelvic organs, and will most certainly follow where the case has been incorrectly diagnosed as one demanding massage. The apparent failure of massage in individual cases affords no argument against it, until the reason of such failure is known; and if shown to be due to any of the above causes or kindred causes, far from negativing the efficacy of massage, where this treatment is properly called for, it will only add the weight of its testimony in favor of it.

CONCLUSIONS AND RESUME.

Massage is valuable in parametritis and hemorrhagic infiltrations, in that it causes quicker and more complete removal of the exudations. It is valuable in causing absorption of contracted hypertrophied pelvic connective tissue, be it the remains or sequelæ of acute pelvic cellulitis, or be it due to an idiopathic circumscript chronic thickening. Massage is a therapeutic agency of high potency. It is very effective in combination with other therapeutic measures, such as baths, douches, medicated tampons, etc., and we often notice that where these remedies have been resorted to with failure, by the use of massage alone a permanent cure will be obtained. The best and quickest cures are observed in chronic diseases following the puerperal state: while a longer time is required in diseases following acute inflammatory processes, also when coincident with anoma-

lies of position of the pelvic organs, especially in retro-deviations of the uterus.

In chronic perimetritis, the results, while not so good as those observed in parametritis, are encouraging enough to warrant the use of massage, since resort to operative procedures does not accomplish more for the patient. The same may be said of anomalies of position of the pelvic organs accompanying perimetritis.

In retro-deviations of the uterus due to adhesions or relaxation, massage is a remedy not to be underestimated; the indication for its use depends on the causes of the malposition. In these cases massage is free from danger and gives more satisfactory results than all procedures requiring force. Even if we do not succeed in some cases in restoring the uterus to its exact normal position, we can obtain a symptomatic cure without recourse to surgical procedures. The time required for reposition of the uterus is usually short; on an average of a month to a month and a half. In all cases that have their origin in the remains of inflammatory products or exudations, massage is invaluable.

The combination of massage with electricity is to be recommended in relaxations of supports of the uterus, provided the structures are intact; (perineal and vaginal lacerations, etc., have to be repaired). In senile atrophy the action of massage is very transitory. In retroversions and retroflexions, massage gives more favorable results than any of the older remedies. The time required to cure prolapsus and retroposition of the uterus is sometimes quite long, depending on individual dispositions. At times, especially in bad cases, a pessary is required to support the uterus. By exercising proper circumspection, we can often achieve more by alternating massage treatment with other treatments than by long continued massage.

In conclusion, I have to say that massage does not set up for itself the claim that it constitutes an inde-

pendent and sufficient form of treatment. It is only a mechanical therapeutic agent, intended to be used in combination with other tried and accepted remedies, in effecting a permanent cure, or in considerably lessening the time formerly required therefor. American gynecologists have been somewhat slow in accepting massage as a new remedial agent to be employed in diseases of women, and have been suspicious of the beneficial results that have been claimed for it. But the constant encouraging reports of European authorities, many of them erstwhile bitter opponents of massage, reports that are full of successes beyond the expectations of the most sanguine, are bound to work a change in this American sentiment. The skepticism of to-day will soon be converted into the faith of tomorrow.

In this paper I have omitted all mention of my individual cases; a history of them will furnish the matter of a subsequent paper.

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